

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) 1901 Research Blvd.  
Suite 350  
 Check if different than previously reported. (ACC)  
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** C00416305  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 12 04 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		15412.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	40275.47									
(c) Total Receipts (from Line 19) .....	28640.00	57430.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	68915.47	72842.77								
7. Total Disbursements (from Line 31) .....	32206.83	36134.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36708.64	36708.64								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27460.00	56250.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1180.00	1180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28640.00	57430.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28640.00	57430.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28640.00	57430.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28640.00	57430.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5100.00	6300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	27106.83	29834.13
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32206.83	36134.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32206.83	36134.13

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	28640.00	57430.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28640.00	57430.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Rubin Alexander	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6611 Hunter Trail	<b>Transaction ID:</b> SA11AI.4231
	City State Zip Code Fredercik MD 21702	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 16 Norris Run Court	<b>Transaction ID:</b> SA11AI.4176
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 16 Norris Run Court	<b>Transaction ID:</b> SA11AI.4310
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 15229 National Pike	<b>Transaction ID:</b> SA11AI.4210
	City State Zip Code Hagerstown MD 21740	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 15229 National Pike	<b>Transaction ID:</b> SA11AI.4311
	City State Zip Code Hagerstown MD 21740	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3707 Meadowhill Court	<b>Transaction ID:</b> SA11AI.4178
	City State Zip Code Phoenix MD 21131	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3707 Meadowhill Court	<b>Transaction ID:</b> SA11AI.4312
	City State Zip Code Phoenix MD 21131	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Satyam Chary	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 9 Alterwood Lane	<b>Transaction ID:</b> SA11AI.4180
	City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Satyam Chary	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 9 Alterwood Lane	<b>Transaction ID:</b> SA11AI.4313
	City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas K. Chau		Date of Receipt
	Mailing Address 7204 Loch Edin Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4100
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas K. Chau		Date of Receipt
	Mailing Address 7204 Loch Edin Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4314
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="400.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen		Date of Receipt
	Mailing Address 11415 Commonweackth Drive Unit 204		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4150
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11415 Commonweathkth Drive Unit 204	<b>Transaction ID:</b> SA11AI.4317
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Edward G. Chen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10209 Fleming Avenue	<b>Transaction ID:</b> SA11AI.4102
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Edward G. Chen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10209 Fleming Avenue	<b>Transaction ID:</b> SA11AI.4315
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jen W. Chen		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1104 Mill Ridge Road		<b>Transaction ID:</b> SA11AI.4104
	City McLean	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jen W. Chen		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1104 Mill Ridge Road		<b>Transaction ID:</b> SA11AI.4316
	City McLean	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William L. Chester		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 5801 Nicholson Lane #1915		<b>Transaction ID:</b> SA11AI.4106
	City North Bethesda	State MD	Zip Code 20852
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William L. Chester		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 5801 Nicholson Lane #1915		<b>Transaction ID:</b> SA11AI.4318
	City North Bethesda	State MD	Zip Code 20852
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 18720 Shremor Drive		<b>Transaction ID:</b> SA11AI.4108
	City Derwood	State MD	Zip Code 20855
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$ 50 per payroll contribu- tion
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 18720 Shremor Drive		<b>Transaction ID:</b> SA11AI.4319
	City Derwood	State MD	Zip Code 20855
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lauren J. Deloach

Mailing Address 15114 Pepperridge Drive

City State Zip Code  
Bowie MD 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4200

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lauren J. Deloach

Mailing Address 15114 Pepperridge Drive

City State Zip Code  
Bowie MD 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4320

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Danielle Dugan

Mailing Address 104 Ellingwood Lane

City State Zip Code  
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4212

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Danielle Dugan

Mailing Address 104 Ellingwood Lane

City State Zip Code  
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4321  
Amount of Each Receipt this Period: 100.00  
payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Todd A. Epstein

Mailing Address 11305 Struttman Terrace

City State Zip Code  
North Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4152  
Amount of Each Receipt this Period: 300.00  
\$50 per payroll contribut-  
ion

**C.** Full Name (Last, First, Middle Initial)  
Dr. Todd A. Epstein

Mailing Address 11305 Struttman Terrace

City State Zip Code  
North Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4323  
Amount of Each Receipt this Period: 100.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Phillip Ferkler		Date of Receipt
	Mailing Address 4107 Vicki Lynn Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Mount Airy	MD	21771
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="60.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli		Date of Receipt
	Mailing Address 504 Reserve Champion Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4218
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
\$50 per payroll contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli		Date of Receipt
	Mailing Address 504 Reserve Champion Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4326
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="460.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Grube

Mailing Address 13895 Foxtower Road

City State Zip Code  
Thurmont MD 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4136

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Grube

Mailing Address 13895 Foxtower Road

City State Zip Code  
Thurmont MD 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4327

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Keith A. Hairston

Mailing Address 12312 High Stakes Drive

City State Zip Code  
Reisterstown MD 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4182

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 12312 High Stakes Drive	<b>Transaction ID:</b> SA11AI.4328
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1614 Randallwood Court	<b>Transaction ID:</b> SA11AI.4186
	City State Zip Code Jarrettsville MD 21084	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1614 Randallwood Court	<b>Transaction ID:</b> SA11AI.4332
	City State Zip Code Jarrettsville MD 21084	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 8525 Huntspring Drive		<b>Transaction ID:</b> SA11AI.4188
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 8525 Huntspring Drive		<b>Transaction ID:</b> SA11AI.4333
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 4550 North Park Ave. #101		<b>Transaction ID:</b> SA11AI.4154
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4550 North Park Ave. #101	<b>Transaction ID:</b> SA11AI.4334
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 9110 Travener Circle	<b>Transaction ID:</b> SA11AI.4110
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$75 per payroll contribut- ion
Name of Employer FCAA Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 9110 Travener Circle	<b>Transaction ID:</b> SA11AI.4335
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Johnson		Date of Receipt
	Mailing Address 5506 Bootjack Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21702
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4138
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Johnson		Date of Receipt
	Mailing Address 5506 Bootjack Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21702
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4336
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Cristina Johnston		Date of Receipt
	Mailing Address 3458 Holland Cliffs Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Huntingtown	MD	20639
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4196
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Cristina Johnston

Mailing Address 3458 Holland Cliffs Road

City State Zip Code  
Huntingtown MD 20639

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4337

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. James A. Kaufman

Mailing Address 7514 Arrowood Road

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4156

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribut-  
ion

**C.** Full Name (Last, First, Middle Initial)  
Dr. James A. Kaufman

Mailing Address 7514 Arrowood Road

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4338

Amount of Each Receipt this Period  
100.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6579 Prestwick Drive	<b>Transaction ID:</b> SA11AI.4112
	City State Zip Code Frederick MD 20777	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6579 Prestwick Drive	<b>Transaction ID:</b> SA11AI.4339
	City State Zip Code Frederick MD 20777	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11722 Split Tree Circle	<b>Transaction ID:</b> SA11AI.4116
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11722 Split Tree Circle	<b>Transaction ID:</b> SA11AI.4342
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Leavitt	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3467 N. Venice Street	<b>Transaction ID:</b> SA11AI.4158
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Leavitt	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3467 N. Venice Street	<b>Transaction ID:</b> SA11AI.4343
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone		Date of Receipt
	Mailing Address 11667 Fairmont Place		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	<u>Ijamsville</u>	MD	21754
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4140
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>
		<input type="text" value="450.00"/>	\$75 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone		Date of Receipt
	Mailing Address 11667 Fairmont Place		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	<u>Ijamsville</u>	MD	21754
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4346
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="450.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mollyann G. March		Date of Receipt
	Mailing Address 6504 Greentree Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	<u>Bethesda</u>	MD	20817
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4160
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>
		<input type="text" value="450.00"/>	\$75 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mollyann G. March		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 6504 Greentree Road		<b>Transaction ID:</b> SA11AI.4347
	City Bethesda	State MD	Zip Code 20817
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 3336 O Street NW		<b>Transaction ID:</b> SA11AI.4118
	City Washington	State DC	Zip Code 20007
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribut- ion
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 3336 O Street NW		<b>Transaction ID:</b> SA11AI.4348
	City Washington	State DC	Zip Code 20007
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega		Date of Receipt
	Mailing Address 603 Queen Street #4		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4120
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			\$100 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega		Date of Receipt
	Mailing Address 603 Queen Street #4		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4349
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt
	Mailing Address 12123 Merricks Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Monrovia	MD	21770
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4227
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Denis O'Fallon

Mailing Address 12123 Merricks Court

City State Zip Code  
Monrovia MD 21770

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4350

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Phillip H. Owens

Mailing Address 141 Adams Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4122

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribut-  
ion

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Phillip H. Owens

Mailing Address 141 Adams Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4351

Amount of Each Receipt this Period  
100.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul M. Park

Mailing Address 821 Oak Knoll Terrace

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4124

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul M. Park

Mailing Address 821 Oak Knoll Terrace

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4352

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kestutis J Pauliukonis

Mailing Address 1813 Solitare Lane

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4126

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kestutis J Pauliukonis	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1813 Solitare Lane	<b>Transaction ID:</b> SA11AI.4353
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J. Peck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4 Farm Haven Court	<b>Transaction ID:</b> SA11AI.4162
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$75 per payroll contribut- ion
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J. Peck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4 Farm Haven Court	<b>Transaction ID:</b> SA11AI.4354
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 8400 Tysons Trace Court		<b>Transaction ID:</b> SA11AI.4128
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 8400 Tysons Trace Court		<b>Transaction ID:</b> SA11AI.4355
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 3912 Calverton Drive		<b>Transaction ID:</b> SA11AI.4174
City Hyattsville	State MD	Zip Code 20782
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3912 Calverton Drive	<b>Transaction ID:</b> SA11AI.4356
	City State Zip Code Hyattsville MD 20782	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 908 Oak Knoll Terrace	<b>Transaction ID:</b> SA11AI.4130
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 908 Oak Knoll Terrace	<b>Transaction ID:</b> SA11AI.4357
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kathleen Ranney

Mailing Address 1819 N. Greenlease Drive

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FCAA Anesthesiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4229

Amount of Each Receipt this Period

300.00

\$50 per payroll contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kathleen Ranney

Mailing Address 1819 N. Greenlease Drive

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FCAA Anesthesiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4358

Amount of Each Receipt this Period

100.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ko J. Richard

Mailing Address 4101 Hunt Road

City State Zip Code  
Fairfax VA 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FCAA Anesthesiologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period

300.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marianne Ries		Date of Receipt
	Mailing Address 114 Midtown Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4132
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marianne Ries		Date of Receipt
	Mailing Address 114 Midtown Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4359
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto		Date of Receipt
	Mailing Address 6409 Pinehurst Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Baltimore	MD	21212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4190
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles Rizzuto

Mailing Address 6409 Pinehurst Road

City State Zip Code  
Baltimore MD 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4360

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Timothy Robinson

Mailing Address 2212 Dalewood Road

City State Zip Code  
Timonium MD 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4192

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribut-  
ion

**C.** Full Name (Last, First, Middle Initial)  
Dr. Timothy Robinson

Mailing Address 2212 Dalewood Road

City State Zip Code  
Timonium MD 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4361

Amount of Each Receipt this Period  
100.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 14700 Crossway Road	<b>Transaction ID:</b> SA11AI.4236
	City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$100 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 14700 Crossway Road	<b>Transaction ID:</b> SA11AI.4365
	City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8010 Summer Mill Court	<b>Transaction ID:</b> SA11AI.4134
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Anesthesiologist
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8010 Summer Mill Court	<b>Transaction ID:</b> SA11AI.4366
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nader Soliman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 22905 David Mill Road	<b>Transaction ID:</b> SA11AI.4277
	City State Zip Code Germantown MD 20876	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	50 per payroll contributi- on
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nader Soliman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 22905 David Mill Road	<b>Transaction ID:</b> SA11AI.4367
	City State Zip Code Germantown MD 20876	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Study	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6 Beall Spring Court	<b>Transaction ID:</b> SA11AI.4164
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Study	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6 Beall Spring Court	<b>Transaction ID:</b> SA11AI.4368
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2454 Fire Schillings	<b>Transaction ID:</b> SA11AI.4238
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt
	Mailing Address 2454 Fire Schillings		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4369
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4240
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4370
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Louis W. Swann

Mailing Address P.O. Box 6081

City State Zip Code  
McLean VA 22106

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4166

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Louis W. Swann

Mailing Address P.O. Box 6081

City State Zip Code  
McLean VA 22106

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4371

Amount of Each Receipt this Period  
100.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
John Tam

Mailing Address 10905 Cripplegate Road

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4280

Amount of Each Receipt this Period  
300.00

50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
John Tam

Mailing Address 10905 Cripplegate Road

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4372

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Rojack F. Tan

Mailing Address 507 Goodland Place

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4168

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribut-  
ion

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Rojack F. Tan

Mailing Address 507 Goodland Place

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4373

Amount of Each Receipt this Period  
100.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4282
Name of Employer FCAA		Occupation	Amount of Each Receipt this Period
FCAA		Anesthesiologist	<input type="text"/> 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	50 per payroll contribution
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4374
Name of Employer FCAA		Occupation	Amount of Each Receipt this Period
FCAA		Anesthesiologist	<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	payroll deduction
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon		Date of Receipt
	Mailing Address 22 Woodfield Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4204
Name of Employer FCAA		Occupation	Amount of Each Receipt this Period
FCAA		Anesthesiologist	<input type="text"/> 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	\$50 per payroll contribution
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 700.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 22 Woodfield Court	<b>Transaction ID:</b> SA11AI.4375
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 405 Apple Grove Road	<b>Transaction ID:</b> SA11AI.4206
	City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 405 Apple Grove Road	<b>Transaction ID:</b> SA11AI.4376
	City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul S. Van Nice

Mailing Address 7101 Meadow Lane

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4142  
Amount of Each Receipt this Period: 300.00  
\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul S. Van Nice

Mailing Address 7101 Meadow Lane

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4377  
Amount of Each Receipt this Period: 100.00  
payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Vogt

Mailing Address 1149 Colonial Road

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4170  
Amount of Each Receipt this Period: 300.00  
\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark Vogt

Mailing Address 1149 Colonial Road

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4379  
Amount of Each Receipt this Period: 100.00  
payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher J. Wahlgren

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4146  
Amount of Each Receipt this Period: 300.00  
\$50 per payroll contribut-  
ion

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher J. Wahlgren

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4380  
Amount of Each Receipt this Period: 100.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex		Date of Receipt
	Mailing Address 11429 Cedar Ridge Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4172
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex		Date of Receipt
	Mailing Address 11429 Cedar Ridge Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4381
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt
	Mailing Address 1108 Collingwood Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Elkridge	MD	21075
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4194
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. David Wheeler

Mailing Address 1108 Collingwood Court

City State Zip Code  
Elkridge MD 21075

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4382

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas M. Wherry

Mailing Address 611 W. 2nd. Street

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4208

Amount of Each Receipt this Period  
300.00

\$50 per payroll contribut-  
ion

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas M. Wherry

Mailing Address 611 W. 2nd. Street

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4383

Amount of Each Receipt this Period  
100.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt
	Mailing Address 18212 Wickham Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Olney	MD	20832
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4198
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt
	Mailing Address 18212 Wickham Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Olney	MD	20832
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4385
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ai Qin Yu		Date of Receipt
	Mailing Address 13508 Gumspring Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4148
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 13508 Gumspring Road	<b>Transaction ID:</b> SA11AI.4386
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2057 Thurston Road	<b>Transaction ID:</b> SA11AI.4242
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribut- ion
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2057 Thurston Road	<b>Transaction ID:</b> SA11AI.4387
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27460.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

A.	Full Name (Last, First, Middle Initial) Rob Gargiola	Transaction ID: SB23.4251 Date of Disbursement 08 / 27 / 2007
	Mailing Address 11 Bladen Street Room 104	Amount of Each Disbursement this Period 250.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4253 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4255 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dan Moarhaim

Mailing Address 6 Bladden Street  
Room 363

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Political Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: MD District: 11

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4259

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

5100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
First Colonies Anesthesia Associates, LLC Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dan Koontz	Transaction ID: SB29.4262 Date of Disbursement 12 / 15 / 2007
	Mailing Address 1901 Research Blvd Suite 350	Amount of Each Disbursement this Period 759.00
	City Rockville State MD Zip Code 20850	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Max Brocato	Transaction ID: SB29.4244 Date of Disbursement 07 / 03 / 2007
	Mailing Address 18 Pinkney Street	Amount of Each Disbursement this Period 1363.63
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Lobbyist Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Max Brocato	Transaction ID: SB29.4246 Date of Disbursement 11 / 20 / 2007
	Mailing Address 18 Pinkney Street	Amount of Each Disbursement this Period 1363.63
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Lobbyist Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3486.26

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Max Brocato

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Lobbyist Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4248

Date of Disbursement

12 / 15 / 2007

Amount of Each Disbursement this Period

1363.63

**B.**

Full Name (Last, First, Middle Initial)

Livingston Rifkin

Mailing Address 225 Duke of Gloucester Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Lobbyist Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4257

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

22256.94

**SUBTOTAL** of Disbursements This Page (optional) .....

23620.57

**TOTAL** This Period (last page this line number only) .....

27106.83